



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

MAILTO: FOOD PROTECTION
29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4673 FAX: 603-271-4859 TDD Access: 1-800-735-2964
Website: www.dhhs.nh.gov E-mail: dhhs.foodprotection@dhhs.nh.gov

APPLICATION FOR MILK ROUTE PERMIT

Current Facility #
Full Legal Name of Corporation, LLC or Owner(s)
Name of Establishment
Location (Street) (Town, State) (Zip)
Mailing Address (if different) (Town, State) (Zip)
Telephone # of Establishment () Email Address

List of Milk Companies for whom this facility is hauling (use back or separate sheet if necessary):

- 1.
2.
3.
4.

I, (print name & title), certify that all information provided in or attached to this application is complete, accurate and up-to-date as of the date specified below. I further certify that there are no willful misrepresentations of the answers to questions herein, and that I have made no omissions with respect to any of my answers to the questions presented. I have verified all drivers are properly licensed in accordance with RSA 184. I understand that it is my responsibility to immediately notify the Food Protection Section, Dairy Program with regard to any changes, corrections or updates to the information provided.

SIGNATURE OF APPLICANT: DATE OF APPLICATION:

DO NOT WRITE BELOW THIS LINE-FOR OFFICE USE ONLY
Date Received Permit Fee Invoice #
Application for a Milk Route Permit Form (March 2019 Edition)